

Data Management Report

June 2017

Quality Management
Data Management Report

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A Demographics for HCBS Waiver Recipients

Data Source:

The source of this data is CS Tracking. "Monthly active participants" indicates the # of active cost plans for the last day of the reporting month. The "Unduplicated waiver participants" is a calendar year count of total waiver participants from Jan 1 to the last day of the reporting month. It refers to 1915c HCBS Waiver application(s) which state that DIDD has specified as unduplicated participants as the "maximum number of waiver participants who are served in each year that the waiver is in effect."

Statewide Waiver Monthly Active Participants	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	2027	2009	2015	2014	2010	2003	1999	1997	1995	1988	1983	
Middle	1932	1924	1926	1923	1919	1916	1911	1901	1900	1899	1886	
West	1138	1130	1124	1124	1125	1124	1116	1115	1110	1110	1108	
Statewide	5097	5063	5065	5061	5054	5043	5026	5013	5005	4997	4977	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Approved waiver participants per calendar year.	5255	5255	5255	5255	5255	5255	5135	5135	5135	5135	5135	5135
Unduplicated waiver participants.	5180	5183	5188	5194	5200	5200	5048	5050	5050	5051	5051	
# of slots remaining for calendar year	75	72	67	61	55	55	87	85	85	84	84	5135

CAC Waiver Monthly Active Participants	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	491	489	487	494	481	479	477	476	468	468	463	
Middle	527	524	524	524	517	516	511	506	509	505	503	
West	730	733	731	730	728	726	727	730	730	725	724	
Statewide	1748	1746	1742	1748	1726	1721	1715	1712	1707	1698	1690	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Approved waiver participants per calendar year.	1923	1923	1923	1923	1923	1923	1923	1923	1923	1923	1923	1923
Unduplicated waiver participants.	1805	1806	1807	1807	1809	1811	1723	1726	1728	1728	1728	
# of slots remaining for calendar year	118	117	116	116	114	112	200	197	195	195	195	

SD Waiver Monthly Active Participants	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	404	406	404	403	399	397	398	394	395	394	393	
Middle	467	463	463	465	465	465	463	459	455	453	454	
West	373	368	369	368	367	367	365	363	361	360	358	
Statewide	1244	1237	1236	1236	1231	1229	1226	1216	1211	1207	1205	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Approved waiver participants per calendar year.	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802
Unduplicated waiver participants.	1312	1313	1313	1313	1313	1313	1229	1230	1230	1230	1230	
# of slots remaining for calendar year	490	489	489	489	489	489	573	572	572	572	572	

The Census for "Full State Funded Services" means the person only receives state funded services, without waiver or ICF funded services. This does not include class members receiving state funded ISC services who reside in nursing facilities.

DIDD Demographics Full State Funded (CS Tracking)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	3	3	3	3	3	3	3	3	3	3	3	
Middle	1	1	1	0	0	0	0	0	0	0	0	
West	1	1	1	1	1	1	1	1	1	1	1	
HJC FAU (Forensic)	4	5	4	4	4	4	3	4	3	4	5	
HJC BSU (Behavior)	4	3	3	3	3	3	4	3	3	3	3	
Statewide	13	13	12	11	11	11	11	11	10	11	12	0

The Census in the table below represents members of a protected class who are in a private ICF/IID facility and receive DIDD state funded ISC services.

DIDD recipients in private ICF/IID receiving state funded ISC srvs	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	0	0	0	0	0	0	0	0	0	0	0	
Middle	0	0	0	0	0	0	0	0	0	0	0	
West	0	0	0	0	0	0	0	0	0	0	0	
Statewide	0	0	0	0	0	0	0	0	0	0	0	0

Developmental Center census	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
GVDC	60	58	57	57	55	50	44	37	32	20	0	
HJC- Day One (ICF)	6	6	7	7	8	6	6	6	5	6	6	
Total	66	64	64	64	63	56	50	43	37	26	6	0

DIDD community homes ICF/IID census	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	63	62	60	61	61	63	64	64	64	64	64	
Middle	36	36	36	35	36	36	36	36	36	36	36	
West	48	48	48	48	47	47	47	46	46	46	47	
TOTAL	147	146	144	144	144	146	147	146	146	146	147	0

DIDD SERVICE CENSUS*	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total receiving DIDD funded services	8315	8269	8263	8264	8229	8206	8175	8141	8116	8085	8037	0

*Note: Persons NOT included in this Census are those in Private ICF/ID facilities who do not receive any PAID DIDD service and persons receiving Family Support Services.

Census by Region	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	3048	3027	3026	3032	3009	2995	2985	2971	2957	2937	2906	0
Middle	2977	2962	2964	2961	2952	2946	2934	2915	2911	2906	2857	
West	2290	2280	2273	2271	2268	2265	2256	2255	2248	2242	2238	0
Total	8315	8269	8263	8264	8229	8206	8175	8141	8116	8085	8001	

B Waiver Enrollment Report

Data Source:

The figures represented in this section are pulled directly from the Community Services Tracking system. Enrollment figures may be updated monthly as there is a 2 month window of time in which enrollments are entered into the CST system. Disenrollment data is also based on queries pulled from CST and may also have a window of adjustment for data entry.

ALL Waiver Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
CAC	0	1	1	0	2	2	2	5	1	0	0		14
SD Waiver	10	1	0	0	0	0	0	0	0	0	0		11
Statewide Waiver	10	3	6	6	5	1	4	2	0	1	0		38
Total Waiver Enrollments	20	5	7	6	7	3	6	7	1	1	0		63

CAC Waiver Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0	0	0	0	0	0	0	0		0
Middle	0	1	0	0	1	1	1	3	0	0	0		7
West	0	0	1	0	1	1	1	2	1	0	0		7
Grand Total CAC Waiver	0	1	1	0	2	2	2	5	1	0	0		14

SD Waiver Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	3	1	0	0	0	0	0	0	0	0	0		4
Middle	3	0	0	0	0	0	0	0	0	0	0		3
West	4	0	0	0	0	0	0	0	0	0	0		4
Grand Total SD Waiver	10	1	0	0	0	0	0	0	0	0	0		11

SD Waiver Aging Caregiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Aging Caregiver is included in Total SD Waiver Count Above	2	1	0	0	0	0	0	0	0	0	0		3
Middle	0	0	0	0	0	0	0	0	0	0	0		0
West	1	0	0	0	0	0	0	0	0	0	0		1
Total	3	1	0	0	0	0	0	0	0	0	0		4

Statewide Waiver Enrollments by Referral Source

Crisis	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	3	1	0	0	0	0	0	0	0	0	0		4
Middle	1	0	0	1	0	1	0	0	0	1	0		4
West	2	0	1	0	1	0	0	0	0	0	0		4
Total	6	1	1	1	1	1	0	0	0	1	0		12

Secondary Enrollment Source of Crisis:

APS		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
APS, CHOICES and Correctional Facility categories are included in the CRISIS count above. These are Secondary Enrollment Categories.	East	0	0	0	0	0	0	0	0	0	0	0		0
	Middle	0	0	0	0	0	0	0	0	0	0	0		0
	West	0	0	0	0	0	0	0	0	0	0	0		0
	Total	0	0	0	0	0	0	0	0	0	0	0		0
CHOICES		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	East	0	0	0	0	0	0	0	0	0	0	0		0
	Middle	0	0	0	0	0	0	0	0	0	0	0		0
	West	1	0	0	0	0	0	0	0	0	0	0		1
	Total	1	0	0	0	0	0	0	0	0	0	0		1

CORRECTIONAL FACILITY	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0	0	0	0	0	0	0	0		0
Middle	0	0	0	0	0	0	0	0	0	0	0		0
West	0	0	0	0	0	0	0	0	0	0	0		0
Total	0	0	0	0	0	0	0	0	0	0	0		0

DCS Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	1	1	3	1	0	0	3	0	0	0	0		9
Middle	0	0	2	1	3	0	1	0	0	0	0		7
West	0	1	0	3	1	0	0	2	0	0	0		7
Total	1	2	5	5	4	0	4	2	0	0	0		23

DC Transitions into Statewide	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
GVDC	0	0	0	0	0	0	0	0	0	0	0		0
HJC	0	0	0	0	0	0	0	0	0	0	0		0
Total	0	0	0	0	0	0	0	0	0	0	0		0

ICF Transfer Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0	0	0	0	0	0	0	0		0
Middle	0	0	0	0	0	0	0	0	0	0	0		0
West	0	0	0	0	0	0	0	0	0	0	0		0
Total	0	0	0	0	0	0	0	0	0	0	0		0

MH Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0	0	0	0	0	0	0	0		0
Middle	0	0	0	0	0	0	0	0	0	0	0		0
West	0	0	0	0	0	0	0	0	0	0	0		0
Total	0	0	0	0	0	0	0	0	0	0	0		0

PASRR NON NF	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0	0	0	0	0	0	0	0		0
Middle	0	0	0	0	0	0	0	0	0	0	0		0
West	0	0	0	0	0	0	0	0	0	0	0		0
Total	0	0	0	0	0	0	0	0	0	0	0		0

PASRR in NF	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0	0	0	0	0	0	0	0		0
Middle	0	0	0	0	0	0	0	0	0	0	0		0
West	0	0	0	0	0	0	0	0	0	0	0		0
Total	0	0	0	0	0	0	0	0	0	0	0		0

SD Waiver Transfers	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	1	0	0	0	0	0	0	0	0	0	0		1
Middle	1	0	0	0	0	0	0	0	0	0	0		1
West	1	0	0	0	0	0	0	0	0	0	0		1
Total	3	0	0	0	0	0	0	0	0	0	0		3

Total by Region	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	5	2	3	1	0	0	3	0	0	0	0		14
Middle	2	0	2	2	3	1	1	0	0	1	0		12
West	3	1	1	3	2	0	0	2	0	0	0		12
Grand Total Statewide Waiver	10	3	6	6	5	1	4	2	0	1	0		38

Analysis

There were 0 waiver enrollments for May 2017.

CAC Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Voluntary	2	1	0	0	0	1	0	0	3	0	0		7
Involuntary- Death	13	1	2	6	7	7	6	3	7	8	9		69
Involuntary- Safety	0	0	0	1	0	0	0	0	0	0	0		1
Involuntary- Incarceration	2	0	0	0	1	0	0	0	0	0	0		3
Involuntary- NF > 90 Days	0	0	0	0	0	0	0	0	0	0	0		0
Involuntary- Out of State	0	0	0	0	0	0	0	0	0	0	0		0
Total Disenrolled	17	2	2	7	8	8	6	3	10	8	9		80

Statewide Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Voluntary	2	3	5	3	3	2	4	4	7	4	7		44
Involuntary- Death	10	11	7	10	5	13	13	7	8	9	8		101
Involuntary- Safety	0	0	0	0	0	0	0	0	0	0	0		0
Involuntary- Incarceration	0	0	0	1	0	0	0	0	0	0	0		1
Involuntary- NF > 90 Days	1	0	0	0	0	0	0	0	0	0	0		1
Involuntary- Out of State	0	0	0	0	1	0	0	0	0	0	0		1
Total Disenrolled	13	14	12	14	9	15	17	11	15	13	15		148

For May 2017, there were 27 waiver discharges. 9 people were discharged from the CAC waiver. 15 people discharged from the statewide waiver. There was 3 discharges from the SD Waiver.	7
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Greene Valley	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Census [June 2016 60]	60	58	57	57	55	50	44	37	32	20	0		
Discharges													
Death	0	1	0	0	0	0	0	0	0	0	0		1
Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0		0
Transition to community state ICF	0	0	0	0	0	2	0	0	0	0	0		2
Transition to private ICF	0	1	1	0	2	3	6	7	5	12	20		57
Transition to waiver program	0	0	0	0	0	0	0	0	0	0	0		0
Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0	0		0
Total Discharges	0	2	1	0	2	5	6	7	5	12	20		60

[illegible]

Harold Jordan Center	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 15]	14	14	14	14	15	13	13	12	11	13	14		
Admissions													FYTD
HJC Day One (ICF)	0	0	0	0	0	0	0	0	0	0	0		0
HJC FAU (SF)	0	1	0	0	1	0	0	2	0	1	1		6
HJC BSU (SF)	0	0	0	0	1	0	2	1	0	1	0		5
Total Admissions	0	1	0	0	2	0	2	3	0	2	1		11
Discharges													
Death	0	0	0	0	0	0	0	0	0	0	0		0
Transition to community state ICF	0	0	0	0	0	0	0	0	0	0	0		0
Transition to private ICF	0	0	0	0	0	1	1	2	0	0	0		4
Transition to waiver program	0	1	0	0	1	1	0	0	1	0	0		4
Transition back to community	1	0	0	0	0	0	1	2	0	0	0		4
Total Discharges	1	1	0	0	1	2	2	4	1	0	0		12
East Public ICF Homes	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 63]	63	62	60	61	61	63	64	64	64	64	64		FYTD
Admissions	0	0	0	1	0	2	1	0	0	0	0		4
Discharges													
Death	0	1	2	0	0	0	0	0	0	0	0		3
Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0		0
Transition to community state ICF	0	0	0	0	0	0	0	0	0	0	0		0
Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0		0
Transition to waiver program	0	0	0	0	0	0	0	0	0	0	0		0
Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0	0		0
Total Discharges	0	1	2	0	0	0	0	0	0	0	0		3
Middle Public ICF Homes	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 36]	36	36	36	35	36	36	36	36	36	36	36		FYTD
Admissions	0	0	0	0	1	0	0	0	0	0	0		1
Discharges													
Death	0	0	0	1	0	0	0	0	0	0	0		1
Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0		0
Transition to public state ICF	0	0	0	0	0	0	0	0	0	0	0		0
Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0		0
Transition to waiver program	0	0	0	0	0	0	0	0	0	0	0		0
Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0	0		0
Total Discharges	0	0	0	1	0	0	0	0	0	0	0		1
West Public ICF Homes	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 48]	48	48	48	48	47	47	47	47	47	48	48		FYTD
Admissions	0	0	0	0	0	0	0	0	0	1	0		1
Discharges													
Death	0	0	0	0	1	0	0	0	0	0	0		1
Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0		0
Transition to public state ICF	0	0	0	0	0	0	0	0	0	0	0		0
Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0		0
Transition to waiver program	0	0	0	0	0	0	0	0	0	0	0		0
Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0	0		0
Total Discharges	0	0	0	0	1	0	0	0	0	0	0		1

Analysis:

For May 2017 HJC had 1 admission and 0 discharges bringing the census to 14. ETCH had 0 discharges and 0 admissions which held the census at 64. MTH had 0 admissions which held the census at 36 , WTCH had 0 discharges and 0 admission which held the census to 48 and GVDC had 20 transitions, which decreased the census to 0.	ad sed
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D Protection From Harm/ Complaint Resolution												
Data Source:												
Each Regional Office inputs all complaints information into COSMOS as each complaint is received. Every month a data report is generated which includes Complaint Information captured by each complaint type and the source of each complaint. The data will be presented by waiver instead of by region.												

Complaints by Source- Self Determination Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total # of Complaints	1	0	0	0	0	0	0	1	0	2	0	
# from TennCare	0	0	0	0	0	0	0	0	0	0	0	
% from TennCare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
# from a Concerned Citizen	0	0	0	0	0	0	0	0	0	2	0	
% from a Concerned Citizen	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	
# from the Waiver Participant	0	0	0	0	0	0	0	0	0	0	0	
% from the Waiver Participant	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
# from a Family Member	0	0	0	0	0	0	0	0	0	0	0	
% from a Family Member	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
# from Conservator	1	0	0	0	0	0	0	1	0	0	0	
% from Conservator	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	
# Advocate (Paid)	0	0	0	0	0	0	0	0	0	0	0	
% from Advocate (Paid)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
# from PTP Interview	0	0	0	0	0	0	0	0	0	0	0	
% from PTP Interview	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

Complaints by Source - Statewide Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total # of Complaints	4	12	10	7	4	11	16	17	13	6	6	
# from TennCare	0	0	0	0	0	0	0	0	0	0	0	
% from TennCare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
# from a Concerned Citizen	2	6	4	1	1	1	0	1	2	2	2	
% from a Concerned Citizen	50%	50%	40%	14%	25%	9%	N/A	6%	15%	33%	33%	
# from the Waiver Participant	0	0	0	1	0	2	3	1	3	0	1	
% from the Waiver Participant	N/A	N/A	N/A	14%	N/A	18%	19%	6%	23%	N/A	17%	
# from a Family Member	0	4	1	1	2	8	3	4	0	3	0	
% from a Family Member	N/A	33%	10%	14%	50%	73%	19%	24%	N/A	50%	N/A	
# from Conservator	2	2	5	4	1	0	10	8	8	1	3	
% from Conservator	50%	17%	50%	57%	25%	N/A	63%	47%	62%	17%	50%	
# Advocate (Paid)	0	0	0	0	0	0	0	0	0	0	0	
% from Advocate (Paid)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
# from PTP Interview	0	0	0	0	0	0	0	3	0	0	1	
% from PTP Interview	N/A	N/A	N/A	N/A	N/A	N/A	N/A	33%	N/A	N/A	N/A	

Complaints by Source - CAC	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total # of Complaints	2	6	1	2	5	5	2	6	2	3	4	
# from TennCare	0	0	0	0	0	1	0	0	0	0	0	
% from TennCare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
# from a Concerned Citizen	1	3	1	0	0	1	0	1	0	1	0	
% from a Concerned Citizen	50%	50%	100%	N/A	N/A	20%	N/A	17%	N/A	33%	N/A	
# from the Waiver Participant	1	0	0	0	0	1	0	0	0	0	1	
% from the Waiver Participant	50%	N/A	N/A	N/A	N/A	20%	N/A	N/A	N/A	N/A	25%	
# from a Family Member	0	2	0	0	1	0	0	0	0	0	0	
% from a Family Member	N/A	33%	N/A	N/A	20%	N/A	N/A	N/A	N/A	N/A	N/A	
# from Conservator	0	1	0	2	4	3	0	5	2	2	3	
% from Conservator	N/A	17%	N/A	100%	80%	60%	N/A	83%	100%	67%	75%	
# Advocate (Paid)	0	0	0	0	0	0	0	0	0	0	0	
% from Advocate (Paid)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
# from PTP Interview	0	0	0	0	0	0	2	0	0	0	0	
% from PTP Interview	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	

Complaints by Issue - CAC	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Number of Complaints	2	6	1	2	5	5	2	6	2	3	4	
# Behavior Issues	0	1	0	0	0	0	0	0	0	0	0	
% Behavior Issues	N/A	17%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
# Day Service Issues	1	0	0	0	0	1	0	1	0	0	0	
% Day Service Issues	50%	N/A	N/A	N/A	N/A	20%	N/A	17%	N/A	N/A	N/A	
# Environmental Issues	0	1	0	0	0	0	0	0	0	0	0	
% Environmental Issues	N/A	17%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
# Financial Issues	0	2	0	1	1	0	0	0	0	1	1	
% Financial Issues	N/A	33%	N/A	50%	20%	N/A	N/A	N/A	N/A	33%	25%	
# Health Issues	0	0	1	0	0	1	0	1	0	0	0	
% Health Issues	N/A	N/A	100%	N/A	N/A	20%	N/A	17%	N/A	N/A	N/A	
# Human Rights Issues	1	1	0	0	0	1	1	1	0	0	1	
% Human Rights Issues	50%	17%	N/A	N/A	N/A	20%	50%	17%	N/A	N/A	25%	
# ISC Issues	0	0	0	0	0	0	0	0	0	0	0	
% ISC Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
# ISP Issues	0	0	0	0	0	0	1	0	0	0	0	
% ISP Issues	N/A	N/A	N/A	N/A	N/A	N/A	50%	N/A	N/A	N/A	N/A	
# Staffing Issues	0	0	0	1	4	2	0	3	2	2	2	
% Staffing Issues	N/A	N/A	N/A	50%	80%	40%	N/A	50%	100%	67%	50%	
# Therapy Issues	0	0	0	0	0	0	0	0	0	0	0	
% Therapy Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
# Transportation Issues	0	1	0	0	0	0	0	0	0	0	0	
% Transportation Issues	N/A	17%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
# Case Management Issues	0	0	0	0	0	0	0	0	0	0	0	
% Case Management Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
# Other Issues	0	0	0	0	0	0	0	0	0	0	0	
% Other Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

Analysis:

CUSTOMER FOCUSED SERVICES ANALYSIS FOR May, 2017 REPORT.

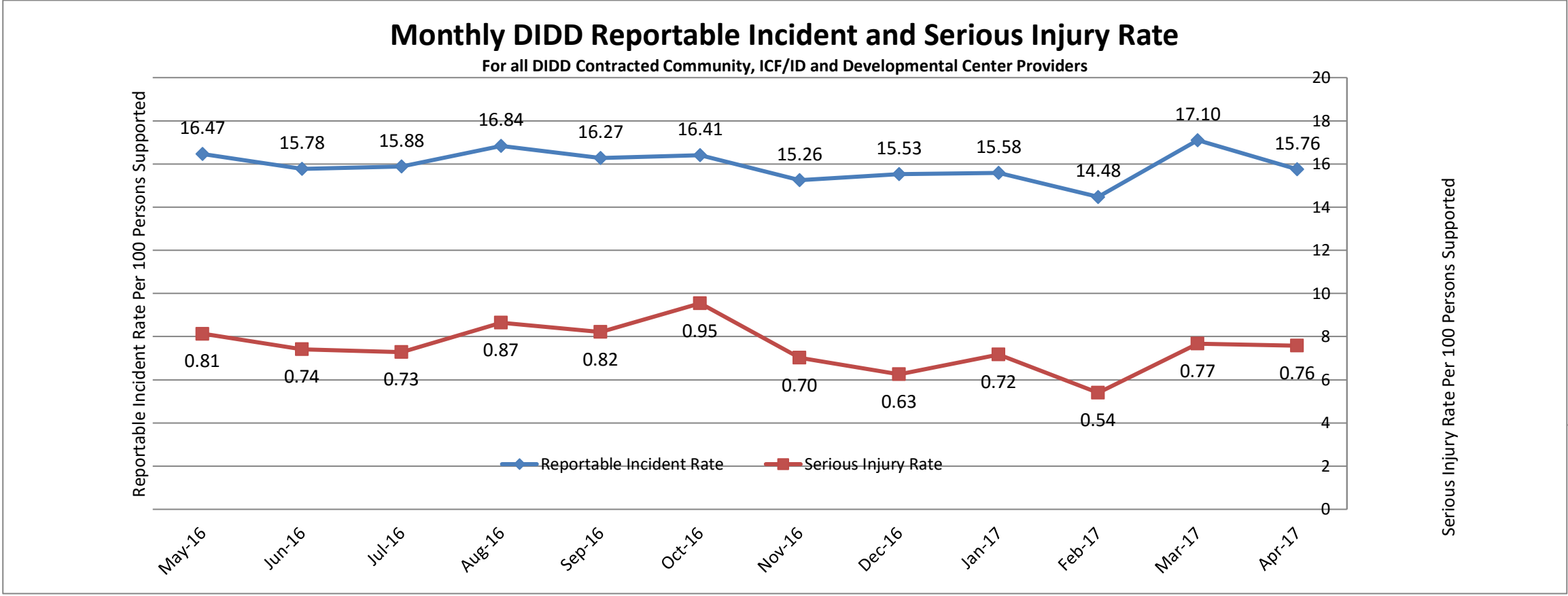
There were **(10) COSMOS COMPLAINT ISSUES** statewide as documented in Crystal Reports. There were four **(4) CAC Waiver** complaints, six **(6) Statewide Waiver** complaints and zero **(0) SD Waiver** complaints. These issues were resolved with person-centered face-to-face meetings and other means of communication with the COS. For those due, there was **100% compliance** for resolving complaints within 30 days for the month of **May 2017**.

COSMOS COMPLAINT ISSUES involved: Staff Supervision/Management **(2)**, Staff Communication **(2)**, Human Rights **(3)**, and Financial **(3)**.

There were **92 ADOVACAY INTERVENTIONS** completed by the statewide CFS team in May 2017. **Advocacy Interventions are: Conflict-Resolution facilitations conducted by CFS, as requested, that are not formal complaints documented in COSMOS.*

FOCUS GROUPS: **(4)** were held in Memphis, Jackson, Knoxville and Greeneville this month. There were approximately **127** participants in the Focus Groups. Topics included: Diet, Exercise, Healthy Eating, Media and Safety Tips. **Update – The Middle Region CFS staff have tentatively set July 11th for resumption of Focus Groups in Middle Tennessee [if the One Canon Way building opens as scheduled].**

D		Protection From Harm/Incident Management												
Data Source:														
The Incident Management information in this report is now based on the total D.I.D.D. Community Protection From Harm census, which is all D.I.D.D. service recipients in the community and all private ICF/MR service recipients who are currently required to report incidents to D.I.D.D.														
Through August 2009, only the West Region private ICF/MR providers were required to report. As of September 2009, the East Region ICF/MR providers were also required to report incidents to D.I.D.D., and the Middle Region ICF/MR providers started reporting to D.I.D.D. in February 2010.														
Incidents / East		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
	# of Reportable Incidents	497	508	533	570	586	540	559	489	483	554	512		5831
	Rate of Reportable Incidents per 100 people	15.00	15.32	16.17	17.299	17.75	16.45	17.11	15.02	14.894	17.16	15.96		16.2
	# of Serious Injuries	26	17	29	34	29	24	21	23	21	21	30		275
	Rate of Incidents that were Serious Injuries per 100 people	0.78	0.51	0.88	1.03	0.88	0.73	0.64	0.71	0.65	0.65	0.93		0.8
	# of Incidents that were Falls	35	29	37	38	34	33	50	26	30	40	37		389
	Rate of Falls per 100 people	1.06	0.87	1.12	1.15	1.03	1.01	1.53	0.799	0.9251	1.24	1.15		1.1
	# of Falls resulting in serious injury	8	9	12	17	10	15	10	9	13	12	15		130
	% of serious injuries due to falls	30.8%	52.9%	41.4%	50.0%	34.5%	62.5%	47.6%	39.1%	61.9%	57.1%	50.0%		48.0%
Incidents / Middle		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
	# of Reportable Incidents	520	529	569	464	479	415	465	451	457	544	511		5404
	Rate of Reportable Incidents per 100 people	16.12	16.3	17.62	14.356	14.83	12.89	14.47	14.08	14.358	17.11	16.09		15.3
	# of Serious Injuries	24	30	28	30	33	26	19	22	15	31	26		284
	Rate of Incidents that were Serious Injuries per 100 people	0.74	0.92	0.88	0.93	1.02	0.81	0.59	0.687	0.4713	0.97	0.82		0.8
	# of Incidents that were Falls	25	54	32	46	49	38	30	32	26	40	34		406
	Rate of Falls per 100 people	0.78	1.66	0.99	1.42	1.52	1.18	0.93	1.00	0.82	1.26	1.07		1.1
	# of Falls resulting in serious injury	9	15	12	12	18	11	12	12	8	20	11		140
	% of serious injuries due to falls	37.5%	50.0%	42.9%	40.0%	54.5%	42.3%	63.2%	54.5%	53.3%	64.5%	42.3%		49.6%
Incidents / West		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
	# of Reportable Incidents	409	404	416	432	414	415	367	451	347	418	369		4442
	Rate of Reportable Incidents per 100 people	16.36	16.17	16.71	17.41	16.69	16.75	14.83	18.28	14.083	17.02	15.06		16.3
	# of Serious Injuries	17	19	21	10	24	13	16	19	12	16	11		178
	Rate of Incidents that were Serious Injuries per 100 people	0.68	0.76	0.84	0.40	0.97	0.52	0.65	0.77	0.49	0.65	0.45		0.7
	# of Incidents that were Falls	22	28	34	12	33	29	30	25	20	31	25		289
	Rate of Falls per 100 people	0.88	1.12	1.37	0.48	1.33	1.17	1.21	1.01	0.81	1.26	1.02		1.1
	# of Falls resulting in serious injury	9	9	13	2	7	8	9	10	4	6	4		81
	% of serious injuries due to falls	52.9%	47.4%	61.9%	20.0%	29.2%	61.5%	56.3%	52.6%	33.3%	37.5%	36.4%		44.5%
Incidents / Statewide		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
	# of Reportable Incidents	1426	1439	1518	1466	1479	1370	1391	1391	1287	1516	1392		15675
	Rate of Reportable Incidents per 100 people	15.78	15.88	16.84	16.27	16.41	15.26	15.53	15.58	14.477	17.10	15.76		15.9
	# of Serious Injuries	67	66	78	74	86	63	56	64	48	68	67		737
	Rate of Incidents that were Serious Injuries per 100 people	0.74	0.73	0.87	0.82	0.95	0.70	0.63	0.717	0.5399	0.77	0.76		0.7
	# of Incidents that were Falls	82	111	103	96	116	100	110	83	76	111	96		1084
	Rate of Falls per 100 people	0.91	1.23	1.14	1.07	1.29	1.11	1.23	0.93	0.8549	1.25	1.09		1.1
	# of Falls resulting in serious injury	26	33	37	31	35	34	31	31	25	38	30		351
	% of serious injuries due to falls	38.8%	50.0%	47.4%	41.9%	40.7%	54.0%	55.4%	48.4%	52.1%	55.9%	44.8%		48.1%



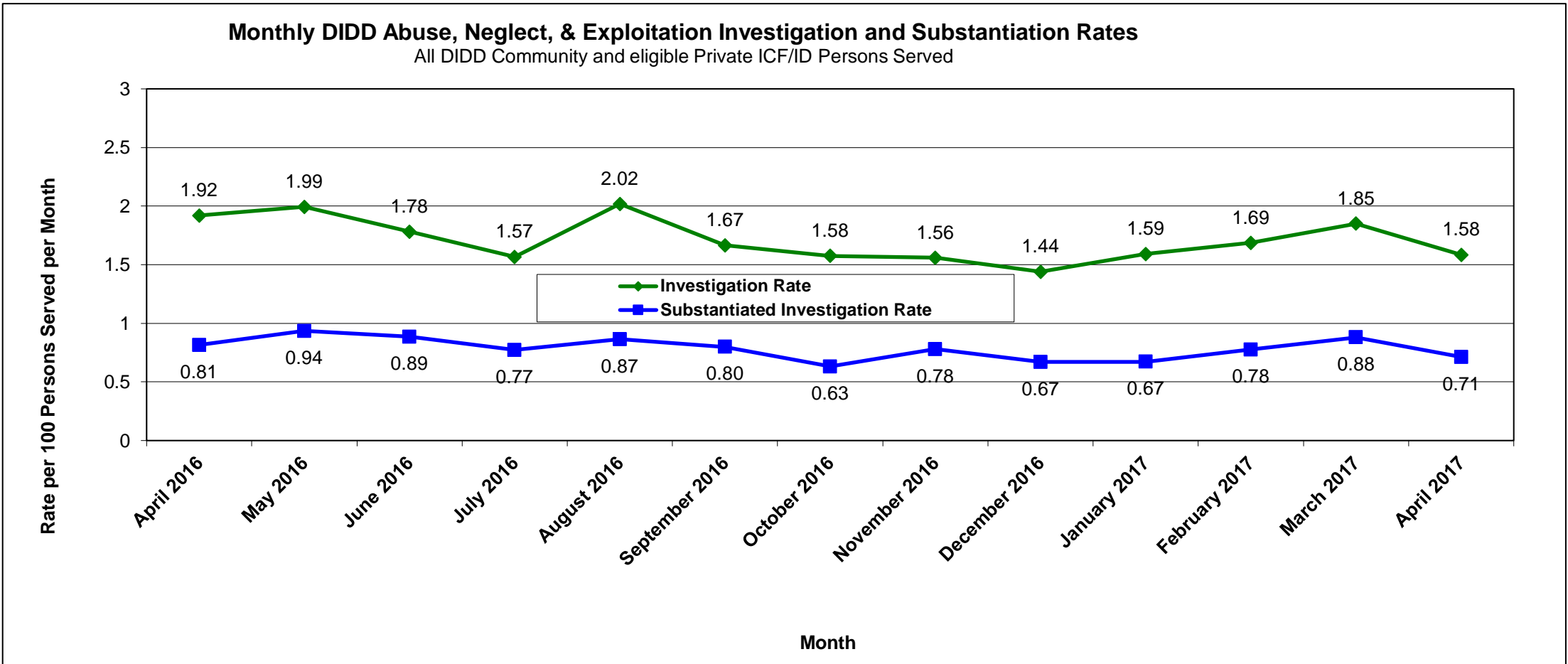
PFH Analysis: Incident Management
Chart: Monthly Rate: Reportable Incidents and Serious Injuries.

The monthly statewide rate of reportable incidents per 100 persons supported for April 2017 decreased from 17.10 to 15.76. The rate of Serious Injury per 100 persons supported decreased from 0.77 to 0.76. The rate of Falls per 100 persons supported decreased from 1.25 to 1.09. The number of Serious Injuries due to Falls decreased from 38 to 30. The percentage of Serious Injuries due to Falls was 44.8%.

Conclusions and actions taken for the reporting period:

The rate of reportable incidents per 100 persons supported for May 2015 – April 2017 was reviewed for an increasing or decreasing trend. The average reportable incident rate for the preceding period, May 2015 – April 2016, was 16.14 reportable incidents per 100 persons supported. The average reportable incident rate for the more recent period, May 2016 – April 2017, is 15.95 per 100 persons supported. Analysis showed a decrease of 0.19 in the average incident rate.

D	Protection From Harm/Investigations												
	East Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
	Census	3314	3317	3296	3295	3302	3282	3268	3256	3243	3229	3209	
	# of Investigations	52	41	49	36	38	36	35	39	33	49	38	
	Rate of Investigations per 100 people	1.57	1.24	1.49	1.09	1.15	1.10	1.07	1.20	1.02	1.52	1.18	
	# of Substantiated Investigations	23	19	11	12	17	19	15	16	14	24	15	
	Rate of Substantiated Investigations per 100 people	0.69	0.57	0.33	0.36	0.51	0.58	0.46	0.49	0.43	0.74	0.47	
	Percentage of Investigations Substantiated	44%	46%	22%	33%	45%	53%	43%	41%	42%	49%	39%	
Middle Region		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		3225	3245	3230	3232	3229	3220	3214	3204	3183	3180	3175	
# of Investigations		60	58	79	57	51	56	48	46	54	63	52	
Rate of Investigations per 100 people		1.86	1.79	2.45	1.76	1.58	1.74	1.49	1.44	1.70	1.98	1.64	
# of Substantiated Investigations		36	36	41	29	22	31	24	25	31	28	27	
Rate of Substantiated Investigations per 100 people		1.12	1.11	1.27	0.90	0.68	0.96	0.75	0.78	0.97	0.88	0.85	
Percentage of Investigations Substantiated		60%	62%	52%	51%	43%	55%	50%	54%	57%	44%	52%	
West Region		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		2500	2499	2489	2482	2480	2477	2474	2467	2464	2456	2450	
# of Investigations		49	43	54	57	53	48	46	57	63	52	50	
Rate of Investigations per 100 people		1.96	1.72	2.17	2.30	2.14	1.94	1.86	2.31	2.56	2.12	2.04	
# of Substantiated Investigations		21	15	26	31	18	20	21	19	24	26	21	
Rate of Substantiated Investigations per 100 people		0.84	0.60	1.04	1.25	0.73	0.81	0.85	0.77	0.97	1.06	0.86	
Percentage of Investigations Substantiated		43%	35%	48%	54%	34%	42%	46%	33%	38%	50%	42%	
Statewide		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		9039	9061	9015	9009	9011	8979	8956	8927	8890	8865	8834	
# of Investigations		161	142	182	150	142	140	129	142	150	164	140	
Rate of Investigations per 100 people		1.78	1.57	2.02	1.67	1.58	1.56	1.44	1.59	1.69	1.85	1.58	
# of Substantiated Investigations		80	70	78	72	57	70	60	60	69	78	63	
Rate of Substantiated Investigations per 100 people		0.89	0.77	0.87	0.80	0.63	0.78	0.67	0.67	0.78	0.88	0.71	
Percentage of Investigations Substantiated		50%	49%	43%	48%	40%	50%	47%	42%	46%	48%	45%	



D	Protection From Harm/Investigations
Analysis:	

PFH Analysis: Investigations

Chart: Monthly Rates: Investigations Opened/Substantiated

During the month of April, 2017, 140 investigations were completed across the State. The statewide average for the past 12 months was 155 investigations. Thirty-eight (38) of these originated in the East Region, fifty-two (52) in the Middle Region, and fifty (50) in the West Region. While all three regions had a decrease in the number of investigations, East was most significant with a decrease of eleven investigations as compared to forty-nine the previous month.

Statewide, investigations were opened at a rate of 1.58 investigations per 100 people served and the census was 8834. The twelve month average is 1.73 investigations per 100 people served. The East opened investigations at a rate of 1.18 investigations per 100 people served, census of 3209. East's twelve month average is 1.32 investigations per 100 people served. Middle opened investigations at a rate of 1.64 investigations per 100 people served, census of 3175, and the average for the last 12 months is 1.83. West opened investigations at a rate of 2.04 per 100 people served, census of 2450, and their average for the past twelve months is 2.13.

Conclusions and actions taken for the reporting period:

Sixty-three, or 45%, of the 140 investigations opened statewide in April, 2017, were substantiated for abuse, neglect, or exploitation. This was a .15 decrease from the prior reporting period, which was 78 and 48%. The statewide average of substantiated investigations for the past twelve months was 71 substantiated investigations or 46%. West substantiated investigations at 42% per 100 people (21 substantiated investigations), compared to the 39% substantiated in the East (15 substantiated investigations), and the 52% substantiated in the Middle (27 substantiated investigations). The monthly average of the substantiated investigations by region for the past 12 months is 41% East, 53% Middle, and 41% West.

These substantiations reflect that the statewide rate of substantiated investigations per 100 people served at 0.71 during April, 2017. The West substantiated investigations at the rate of .86 substantiated investigations per 100 people served, Middle with .85 substantiated investigations per 100 people served, and East .47 substantiated investigations per 100 people served. The percentage of investigations substantiated for the past 12 months is .79 statewide; .54 East, .97, Middle and .88 West.

E. Due Process / Freedom of Choice

Each Regional Office Appeals Director collects data regarding Grier related appeals. The DIDD Central Office Grier Coordinator maintains the statewide database regarding the specifics of the Grier related appeals. The appeals/due process data will now be provided using a time lag of 30 days in order to capture closure of the appeals process.

East Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Total Service Requests Received	2706	2677	2759	2475	2268	2225	2297	2847	2281	2909	2407	
Total Adverse Actions (Incl. Partial Approvals)	46	36	36	36	25	43	39	52	54	58	52	
% of Service Requests Resulting in Adverse Actions	2%	1%	1%	2%	1%	2%	2%	2%	2%	2%	2%	
Total Grier denial letters issued	24	30	23	22	21	34	31	31	36	32	34	
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	0	0	0	0	0	0	1	1	0	0	0	
Termination	0	0	0	0	0	0	0	0	0	0	0	
Reduction	0	0	0	0	0	0	0	0	0	0	0	
Suspension	0	0	0	0	0	0	0	0	0	0	0	
Total Received	0	0	0	0	0	0	1	1	0	0	0	
DENIAL OF SERVICE												
Total Received	0	0	0	0	0	0	3	2	0	0	2	
Total Grier Appeals Received	0	0	0	0	0	0	4	3	0	0	2	
Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0	1	1	
Total appeals overturned upon reconsideration	0	0	0	0	0	0	0	0	0	0	0	
TOTAL HEARINGS	4	0	1	0	0	1	0	0	1	4	1	
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0	0	
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0	0	0	0	
Other	1	0	0	0	0	0	0	0	0	0	0	
Total Directives Received	1	1	0	0	0	0	0	0	0	0	0	
Overtured Directives	0	1	0	0	0	0	0	0	0	0	0	
MCC Directives	0	0	0	\$0	0	0	0	0	0	0	0	
Cost Avoidance (Estimated)	\$17,064	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	
LATE RESPONSES												
Total Late Responses	0	0		0	0	0	0	0	0	0	0	
Total Days Late	0	0	0	0	0	0	0	0	0	0	0	
Total Fines Accrued (Estimated)	0	0	0	0	0	0	\$0.00	\$0.00	0	\$0.00	0	
DEFECTIVE NOTICES												
Total Defective Notices Received	0	0	0	0	0	0	0	0	0	0	0	
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	2	6	0	1	2	1	0	0	0	1	3	
Continuing Delay Issues (Unresolved)	3	4	5	2	2	4	5	3	2	2	3	
Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	0	113	0	0	0	
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$56,500	\$0	\$0	\$0	

Middle Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
SERVICE REQUESTS												
Total Service Requests Received	3298	2805	2769	2986	2348	2480	2100	2625	2448	2735	2764	
Total Adverse Actions (Incl. Partial Approvals)	234	143	139	100	87	106	88	98	70	83	108	
% of Service Requests Resulting in Adverse Actions	7%	5%	5%	3%	4%	4%	4%	4%	3%	3%	4%	
Total Grier denial letters issued	76	77	88	65	55	71	44	81	38	59	53	
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	1	0	0	1	0	0	0	0	0	2	0	
Termination	0	0	0	0	0	0	0	0	0	0	0	
Reduction	0	0	0	0	0	0	0	0	0	0	0	
Suspension	0	0	0	0	0	0	0	0	0	0	0	
Total Received	1	0	0	1	0	0	0	0	0	2	0	
DENIAL OF SERVICE												
Total Received	3	7	5	4	4	4	9	0	0	6	2	
Total Grier Appeals Received	4	7	5	5	4	4	9	0	0	8	2	
Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0	0	0	
Total appeals overturned upon reconsideration	0	0	2	0	0	0	1	1	0	2	0	
TOTAL HEARINGS	2	1	0	3	3	1	2	0	4	3	1	
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0	0	
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0	0	0	0	
Other	1	0	1	0	0	0	1	0	0	0	0	
Total Directives Received	1	0	1	0	0	0	1	0	0	0	0	
Overtured Directives	0	0	0	0	0	0	0	0	0	0	0	
MCC Directives	0	0	0	0	0	0	0	0	0	0	0	
Cost Avoidance (Estimated)	\$32,226	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
LATE RESPONSES												
Total Late Responses	0	0	0	0	0	0	0	0	0	0	0	
Total Days Late	0	0	0	0	0	0	0	0	0	0	0	
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
DEFECTIVE NOTICES												
Total Defective Notices Received	0	0	0	0	0	0	0	0	1	0	0	
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$500	\$0	\$0	
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	1	0	0	0	1	0	0	0	0	2	0	
Continuing Delay Issues (Unresolved)	1	1	0	0	1	0	0	0	0	1	0	
Total days service(s) not provided per TennCare ORR	67	33	0	0	2	0	0	0	0	0	0	
Total Fines Accrued (Estimated)	\$38,484	\$16,500	\$0	\$0	\$1,000	\$0	\$0	\$0	\$0	\$0	\$0	

West Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
SERVICE REQUESTS												
Total Service Requests Received	1503	2079	1649	2384	2226	2159	1704	1942	1719	2166	1677	
Total Adverse Actions (Incl. Partial Approvals)	71	152	83	172	180	150	90	145	91	175	121	
% of Service Requests Resulting in Adverse Actions	5%	7%	5%	7%	8%	7%	5%	8%	5%	8%	7%	
Total Grier denial letters issued	96	126	112	105	112	105	72	94	66	112	102	
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	0	0	0	0	0	0	0	0	0	0	0	
Termination	0	0	0	0	0	0	0	0	0	0	0	
Reduction	0	0	0	0	0	0	0	0	0	0	0	
Suspension	0	0	0	0	0	0	0	0	0	0	0	
Total Received	0	0	0	0	0	0	0	0	0	0	0	
DENIAL OF SERVICE												
Total Received	0	3	3	3	4	4	2	5	2	2	8	
Total Grier Appeals Received	0	3	3	3	4	4	2	5	2	2	8	
Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0	0	0	
Total appeals overturned upon reconsideration	0	1	1	3	2	2	2	2	1	0	0	
TOTAL HEARINGS	2	2	1	0	4	4	2	0	3	1	0	
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0	2	2	2	0	0	0	0	
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0	0	0	0	
Other	0	0	0	0	0	0	0	0	0	0	0	
Total Directives Received	0	0	0	0	0	0	0	0	0	0	0	
Overturned Directives	0	0	0	0	0	0	0	0	0	0	0	
MCC Directives	0	0	0	0	0	0	0	0	0	0	0	
Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
LATE RESPONSES												
Total Late Responses	0	0	0	0	0	0	0	0	0	0	0	
Total Days Late	0	0	0	0	0	0	0	0	0	0	0	
Total Fines Accrued (Estimated)	0	0	0	0	0	0	\$0.00	\$0.00	0	\$0.00	0	
DEFECTIVE NOTICES												
Total Defective Notices Received	0	0	0	0	0	0	0	0	0	0	0	
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	2	0	2	1	1	1	3	0	2	1	4	
Continuing Delay Issues (Unresolved)	1	2	2	2	1	0	0	1	1	2	1	
Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	0	15	0	0	0	
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,500	\$0	\$0	\$0	

Statewide	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
SERVICE REQUESTS												
Total Service Requests Received	7507	7561	7177	7845	6842	6864	6101	7414	6448	7810	6848	
Total Adverse Actions (Incl. Partial Approvals)	351	331	258	308	292	299	217	295	215	316	281	
% of Service Requests Resulting in Adverse Actions	5%	4%	4%	4%	4%	4%	4%	4%	3%	4%	4%	
Total Grier denial letters issued	196	233	223	192	188	210	147	206	140	203	189	
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	1	0	0	1	0	0	1	1	0	2	0	
Termination	0	0	0	0	0	0	0	0	0	0	0	
Reduction	0	0	0	0	0	0	0	0	0	0	0	
Suspension	0	0	0	0	0	0	0	0	0	0	0	
Total Received	1	0	0	1	0	0	1	1	0	2	0	
DENIAL OF SERVICE												
Total Received	3	10	8	7	8	8	14	7	2	8	12	
Total Grier Appeals Received	4	10	8	8	8	8	15	8	2	10	12	
Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0	1	1	
Total appeals overturned upon reconsideration	0	1	3	3	2	2	3	3	1	2	0	
TOTAL HEARINGS	8	3	2	3	3	2	2	0	8	8	2	
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0	0	
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0	0	0	0	
Other	2	1	1	0	0	0	1	0	0	0	0	
Total Directives Received	2	1	1	0	0	0	1	0	0	0	0	
Overtured Directives	0	0	0	0	0	0	0	0	0	0	0	
MCC Directives	0	0	0	0	0	0	0	0	0	0	0	
Cost Avoidance (Estimated)	\$49,290	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Cost Avoidance (Total Month-Estimated)	\$49,290	\$0	\$91,396	\$0	\$11,574	\$0	\$31,598	\$0	\$0	\$0	\$0	
Cost Avoidance (FY 2017-Estimated)	\$1,047,036	\$0	\$91,396	\$91,396	\$102,970	\$102,970	\$134,568	\$134,568	\$134,568	\$134,568	\$134,568	
LATE RESPONSES												
Total Late Responses	0	0	0	0	0	0	0	0	0	0	0	
Total Days Late	0	0	0	0	0	0	0	0	0	0	0	
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0	\$0.00	0	
Total Defective Notices Received	0	0	0	0	0	0	0	0	1	0	0	
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$500	\$0	\$0	
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	5	3	2	2	4	2	3	0	2	4	7	
(Unresolved)	5	7	7	4	4	4	5	4	3	5	4	
Total days service(s) not provided per TennCare ORR	67	33	0	0	2	0	0	128	0	0	0	
Total Fines Accrued (Estimated)	\$38,484	\$16,500	\$0	\$0	\$1,000	\$0	\$0	\$64,000	\$0	\$0	\$0	

Appeals:

The DIDD received 12 appeals in April, compared to 10 received during the previous month which is a 20% increase in volume. Fiscal Year 2016 averaged 11.4 appeals received per month, indicating that April experienced a 5.3% increase in volume based on this average.

The DIDD received 6848 service requests in April compared to 7810 received during the previous month (12.3% decrease in volume). The average of service requests received during Fiscal Year 2016 was 7398 per month, indicating that April experienced a 7.4% decrease in volume based on this average.

4.1% of service plans were denied statewide in April compared to 4% during the previous month. The average of service plans denied per month during Fiscal Year 2016 was 4.4%, indicating that April experienced a slight decrease of .3%.

Directives:

No directives were received statewide during this reporting month.

Cost Avoidance:

There was no cost avoidance during this reporting month. Statewide, total cost avoidance remains at **\$134,568.41** for the fiscal year.

Sanctioning/fining issues:

There were no sanctioning or fining issues this month.

F	Provider Qualifications / Monitoring (II.H., II.K.)
Data Source:	
The information contained in this section comes from the Quality Assurance Teams. The numbers in each column represents the number of provider agencies that scored either substantial compliance, partial compliance, minimal compliance or non-compliance.	

Day and Residential Provider	Statewide				Cumulative / Statewide			
# of Day and Residential Providers Monitored this Month	13				60			
Total Census of Providers Surveyed	735				2427			
# of Sample Size	92				372			
% of Individuals Surveyed	13%				15%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
Domain 2. Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	92%	0%	7%	0%	90%	8%	1%	0%
Outcome B. Services and supports are provided according to the person's plan.	69%	30%	0%	0%	66%	31%	1%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	76%	15%	7%	0%	70%	26%	3%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	92%	7%	0%	0%	85%	15%	0%	0%
Outcome B. The person has a sanitary and comfortable living arrangement.	100%	0%	0%	0%	96%	3%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	53%	38%	7%	0%	43%	53%	3%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	70%	20%	10%	0%	74%	16%	6%	4%
Domain 5: Health								
Outcome A. The person has the best possible health.	61%	30%	7%	0%	70%	26%	3%	0%
Outcome B. The person takes medications as prescribed.	50%	50%	0%	0%	66%	28%	3%	1%
Outcome C. The person's dietary and nutritional needs are adequately met.	100%	0%	0%	0%	95%	5%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person and family members have information and support to make choices about their lives.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 7: Relationships and Community Membership								
Outcome A. The person has relationships with individuals who are not paid to provide support.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person is an active participant in community life rather than just being present.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 8: Opportunities for Work								
Outcome A. The person has a meaningful job in the community.	87%	12%	0%	0%	96%	3%	0%	0%
Outcome B. The person's day service leads to community employment or meets his or her unique needs.	92%	7%	0%	0%	95%	5%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	76%	23%	0%	0%	70%	25%	5%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	61%	38%	0%	0%	65%	31%	3%	0%
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	61%			38%	63%			36%
Outcome C. Provider staff are adequately supported.	76%	23%	0%	0%	78%	21%	0%	0%
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	100%	0%	0%	0%	96%	1%	1%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	76%	0%	23%	0%	70%	23%	6%	0%
Outcome B. People's personal funds are managed appropriately.	40%	50%	0%	10%	48%	36%	12%	2%

Personal Assistance	Statewide				Cumulative / Statewide			
# of Personal Assistance Providers Monitored this Month					3			
Total Census of Providers Surveyed					69			
# of Sample Size					10			
% of Individuals Surveyed					14%			
# of Additional Focused Files Reviewed					0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
Domain 2. Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.					100%	0%	0%	0%
Outcome B. Services and supports are provided according to the person's plan.					66%	33%	0%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.					1%	0%	0%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.					1%	0%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.					33%	66%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected and treated with dignity.					100%	0%	0%	0%
Outcome C. The person exercises his or her rights.					100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					1%	0%	0%	0%
Domain 5: Health								
Outcome A. The person has the best possible health.					100%	0%	0%	0%
Outcome B. The person takes medications as prescribed.								
Outcome C. The person's dietary and nutritional needs are adequately met.					100%	0%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.					100%	0%	0%	0%
Outcome B. The person and family members have information and support to make choices about their lives.					100%	0%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.					1%	0%	0%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.					0%	100%	0%	0%
Indicator 9.B.2.: Provider staff have received					0%			100%
Outcome C. Provider staff are adequately supported.					66%	33%	0%	0%
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.					1%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.					66%	33%	0%	0%

Provider Qualifications / Monitoring (II.H., II.K.)

ISC Providers	Statewide				Cumulative / Statewide			
# of ISC Providers Monitored this Month								
Total Census of Providers Surveyed								
# of Sample Size								
% of Individuals Surveyed								
# of Additional Focused Files Reviewed								
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %
Domain 1: Access and Eligibility								
Outcome A. The person and family members are knowledgeable about the HCBS waiver and other services, and have access to services and choice of available qualified providers.								
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.								
Outcome B. Services and supports are provided according to the person's plan.								
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.								
Outcome B. The person has a sanitary and comfortable living arrangement.								
Outcome C. Safeguards are in place are in place to protect the person from harm.								
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
Outcome B. Provider staff are trained and meet job specific qualifications.								
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.								
Outcome C. Provider Staff are adequately supported.								
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.								
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.								

Provider Qualifications / Monitoring (II.H., II.K.)

Clinical Providers- Behavioral	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month	1				7			
Total Census of Providers Surveyed	14				233			
# of Sample Size	4				32			
% of Individuals Surveyed	29%				14%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	0%	100%	0%	0%	14%	57%	28%	0%
Outcome B. Services and supports are provided according to the person's plan.	100%	0%	0%	0%	57%	42%	0%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	0%	100%	0%	0%	14%	71%	14%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	0%	100%	0%	0%	71%	28%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	100%	0%	0%	0%	71%	28%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	85%	14%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					75%	25%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	0%	100%	0%	0%	14%	71%	14%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	85%	14%	0%	0%
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.					66%			33%
Outcome C. Provider staff are adequately supported.					100%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	100%	0%	0%	0%

Clinical Providers- Nursing	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month	1				1			
Total Census of Providers Surveyed	11				11			
# of Sample Size	4				4			
% of Individuals Surveyed	36%				36%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. Services and supports are provided according to the person's plan.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
Domain 5: Health								
Outcome A. The person has the best possible health.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person takes medications as prescribed.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome C. The person's dietary and nutritional needs are adequately met.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	100%	0%	0%	0%
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	100%			0%	100%			0%
Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	100%	0%	0%	0%

Clinical Providers- Therapy	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month	3				8			
Total Census of Providers Surveyed	95				301			
# of Sample Size	14				41			
% of Individuals Surveyed	15%				14%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.	33%	66%	0%	0%	25%	62%	0%	12%
Outcome B. Services and supports are provided according to the person's plan.	33%	66%	0%	0%	37%	50%	0%	12%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	33%	66%	0%	0%	37%	37%	12%	12%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	33%	66%	0%	0%	62%	37%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	33%	66%	0%	0%	75%	25%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	50%	50%	0%	0%	66%	33%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	33%	33%	33%	0%	37%	50%	12%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	66%	33%	0%	0%	87%	12%	0%	0%
Indicator 9.B.2.: Provider staff have received	50%			50%	50%			50%
Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	83%	16%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	66%	33%	0%	0%	75%	25%	0%	0%

QA Summary for QM Report (thru 5/2017 data)

Performance Overview- Calendar Year 2017 Cumulative:							
Performance Level	Statewide	Day-Residential	Personal Assistance	Support Coordination	Behavioral	Nursing	Therapy
Exceptional Performance	27%	30%	33%	N/A	14%	100%	N/A
Proficient	37%	32%	67%	N/A	57%	N/A	50%
Fair	35%	38%	N/A	N/A	29%	N/A	38%
Significant Concerns	1%	N/A	N/A	N/A	N/A	N/A	12%
Serious Deficiencies	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total # of Providers	79	60	3	N/A	7	1	8

Day / Residential Providers:

Note- Statewide and Cumulative / Statewide data in the table above sometimes exceed or are just below 100% due to the numerical rounding functions during calculations.

Providers reviewed: East- D & S Residential Services, Helping Hands of Hawkins County, STARS Incorporated; Middle-AdvanceCare Health Services, CSI- Caregiver Services of Tennessee, Eldee, Hilltoppers, Hope Services, Middle Tennessee Supported Living, RHA Health Services; West-Comforting Angels Home Care Services, Meritan, St. John’s Community Services.

East Region:

Helping Hands of Hawkins County, Inc.: The 2017 QA survey resulted in the agency receiving a score of 52. This places them in the Exceptional range of performance. This is the same score as the 2016 survey; however, the agency’s range of performance increased from Proficient to Exceptional.

- Personal funds accounts: 3 accounts were reviewed, 1 contained issues.
- A Sanction Warning letter was sent to the provider on May 23, 2017 regarding New Hire Staff Qualifications requirements.

D & S Residential Services, LP: The 2017 QA survey resulted in the agency receiving a score of 46. This places them in the Fair range of performance. Compared to their 2016 survey results, this is a 2-point increase in compliance (44 - Fair in 2016). This increase in compliance was specific to improvements identified in Domains 2 (PC-SC), 3 (PC-SC) and 9 (PC-SC); however, there was a decrease in compliance for Domains 8 (SC-PC) and 10 (PC-MC).

The provider should focus efforts to ensure the following:

- Medications are administered in accordance with physician’s orders.
- Medication administration records are appropriately maintained.
- Provider employment staff are trained to support people in their jobs.
- Staff receive ongoing supervision consistent with their job function.
- Services are provided and billed for in accordance with DIDD requirements.
- Required reimbursements are made within 30 days of the report date. (This is a repeat issue – indicator 10.B.2).
- Calculations and reimbursements to equitably split food and supply expenses between housemates are made monthly. (This is a repeat issue – indicator 10.B.3).
- Leases are signed by the landlord. (This is a repeat issue – indicator 10.B.4).
- The agency made a timely request for review of some survey findings. Supporting documentation was submitted on 5/31/17.
- The agency will receive a recoupment letter for issues identified during the survey.
- Personal funds accounts: 8 accounts were reviewed, 3 contained issues. The provider should focus efforts to ensure: personal funds logs do not contain errors, Insurance policies are irrevocable, household expenses are split equally among housemates, Personal Property Inventories have all required information, and advancement agreements are prepared timely.

S.T.A.R.S., Inc: The 2017 QA survey resulted in the agency receiving a score of 46. This places them in the Fair range of performance. Compared to their 2016 survey results, this is a 4-point increase in compliance (42 - Fair in 2016). This increase in compliance was specific to improvements identified in Domains 2 (PC-SC) and 9 (PC-SC).

The provider should focus efforts to ensure the following:

- Potential employees are screened.
- Trends in medication variances are analyzed and prevention strategies are implemented to address findings.
- Records contain current physician’s orders.
- Medications are administered in accordance with physician’s orders.
- People are supported in activities that lead to desired employment.
- An effective self-assessment process is utilized to monitor the quality and effectiveness of the supports and services.
- Staff receive appropriate training. (This is a repeat issue – indicator 9.B.2).
- Staff meet job-specific qualifications in accordance with the Provider Agreement.
- A Sanction letter was sent to the provider on May 30, 2017 in the amount of \$400 regarding New Hire Staff Training.
- Personal funds accounts: 4 accounts were reviewed, 0 contained issues.

Middle Region:

Hope Services- Day/Res, Nursing, and Personal Assistance: The exit conference was conducted on May 5, 2017.

- Scored 54 Exceptional on the 2017 QA Survey. Scored 52 Exceptional on the 2016 Survey.
- Domain 10 increased from Partial to Substantial Compliance.
- Domain 3: The Criminal Background and State of Tennessee Registry Checks were 100% compliant for the 12 new employees.
- Domain 9: Training was 90.9% compliant or above for all modules; tenured staff training was 95% compliant or above for the 20 tenured employees reviewed.
- Domain 10: No billing issues were identified. There were no Personal Funds Management issues identified for the four individuals reviewed.

CSI Caregiver Services, Inc.- Day/Res, and Personal Assistance: The exit conference was conducted on May 4, 2017.

- Scored 52 Proficient on the 2017 QA Survey due to the requirement that Domain 5 be scored Substantial Compliance in order for the agency to be Exceptional. Scored 42 Fair on the 2016 Survey.
- Domains 3, 4, and 9 increased from Partial to Substantial Compliance.
- Domain 10 increased from Minimal to Partial Compliance.
- Domain 5 remained Partial Compliance.
- Domain 3: The Criminal Background and State of Tennessee Registry Checks were 100% compliant for the 24 new employees.
- Domain 5: Recommended dental and physical examinations were not completed as required for four of the seven individuals reviewed.
- Domain 9: Training was 100% compliant for all modules; tenured staff training was 100% compliant for the 20 tenured employees reviewed.
- Domain 10: Minor billing issues were identified due to lack of documentation of Personal Assistance services for three individuals and Transportation for one individual; recoupment occurred. The agency does not provide Personal Funds Management services.

AdvanceCare Health Services- Day/Res, and Family Model: The exit conference was conducted on May 11, 2017.

- Scored 46 Fair on the 2017 QA Survey. Scored 50 Proficient on the 2016 Survey.
- Domains 4 and 5 decreased from Substantial to Partial Compliance.
- Domains 3 and 10 remained Partial Compliance.
- Domain 3: The Criminal Background and State of Tennessee Registry Checks were 100% compliant for the 31 new employees. A trend analysis of medication variances, including causes, time of day, types of variances, and annual comparisons was not consistently completed.
- Domain 4: The signed informed consents for the use of psychotropic medications and rights restrictions were not completed timely or did not reflect the correct dosages.
- Domain 5: Documentation of specialty consults and follow-up examinations were not maintained. Medications were not provided and/or administered in accordance with physicians' orders.
- Domain 9: Training was 93.5% compliant or above for all modules; tenured staff training was 94.7% compliant or above for the 19 tenured employees reviewed.
- Domain 10: No billing issues were noted for the four individuals reviewed. Minor Personal Funds Management issues were identified for one of the three individuals reviewed due to Room and Board not being calculated appropriately.

• RHA Health Services- Day/Res, Personal Assistance, Family Model, and Behavior: The exit conference was conducted on May 17, 2017.

- Scored 42 Fair on the 2017 QA Survey. Scored 48 Proficient on the 2016 Survey.
- Domain 3 increased from Partial to Substantial Compliance.
- Domains 4 and 5 decreased from Substantial to Partial Compliance.
- Domains 9 and 10 remained Partial Compliance.
- Domain 2 decreased from Substantial to Minimal Compliance.
- Domain 2: One Risk Issues Identification Tool was not completed timely.
- The following issues were noted with the Behavior Annual Update reviewed:

- The Annual Update, did not include all of the required components. Examples of missing components included, but were not limited to, an assessment of the effectiveness of all behavior treatment strategies named in the Behavior Support Plan (BSP), updated behavior objectives for the upcoming service year, reliability assessment scores obtained via quantifiable methods for both data reliability and implementation reliability, graphs depicting data from the previous twelve months for the behaviors being addressed by the BSP. Multiple graphs were present in the Annual Update, but some depicted data identical to that presented in the previous Annual Update, and others depicted data related to behaviors not addressed by the BSP.
 - No information was provided regarding the functional assessment of the new target behaviors added to the BSP. Additionally, it was noted that the function of the target behaviors was never identified.
 - An assessment of progress towards the behavior objectives for the previous service year was provided; however, the language used to describe progress and/or the lack of progress was vague, unclear, and it was not possible to determine if progress towards the objectives was made.
 - Information included in the Annual Update conflicted with information included in the BSP and the Clinical Service Monthly Reviews (CSMRs).
 - The following issues were noted with the BSP reviewed:
 - There was no evidence the behaviors targeted by the BSP were ever assessed via direct behavioral measures and the functional hypotheses for these behaviors were not identified. Without a behavioral assessment of the current target behaviors based on direct measures, the BSP is not a valid or clinically appropriate treatment document.
 - All of the staff instructions included in the BSP were vague, unclear, and did not provide enough information for staff to actually implement any of the procedures.
 - The BSP did not contain all of the required components. Missing components included, but were not limited to less restrictive interventions to be implemented prior to the restricted procedures, a clear contingency between replacement behaviors and planned reinforcement, treatment strategies that were clearly written and reasonable for staff implementation, and individualized and clearly defined crisis indicators.
 - The agency's monthly review process was in need of refinement. Monthly reviews did not consistently address the implementation of the person's plan, barriers to service delivery, or the need for follow-up of activities.
 - Domain 3: The Criminal Background and State of Tennessee Registry Checks were 97.3% compliant or above for the 37 new employees. Inspections did not occur weekly for three agency-owned vehicles as outlined in the supervision plan.
 - Domain 4: Consents for psychotropic medications and restrictive interventions were not obtained as required for two people reviewed. The use of psychotropic medications was not reviewed by the HRC as required for one individual in the survey sample. A BSP written by the agency included restrictive interventions; informed consent was not given and reviews were not conducted by the HRC or Behavior Support Committee (BSC).
 - Domain 5: Physical and dental examinations were not available for two individuals reviewed. Medications were not administered per the physicians' orders for three individuals. Medications were administered after being discontinued by the physicians. Medications were not administered as the medications were unavailable and staff initialed the Medication Administration Records prior to the medication being administered. A Family Model provider held a medication (injection) for one person without a corresponding physician's order.
 - Domain 9: Training was 85.2% compliant or above for all modules; tenured staff training was 94.4% compliant or above for the 18 tenured employees reviewed; a Sanction Warning occurred.
 - The agency did not complete the required three unannounced supervisory visits to any of the residential sites reviewed for the survey period. Supervision with the direct observation of skilled services was inconsistently provided for the Licensed Practical Nurses by a Registered Nurse.
 - Domain 10: Billing issues were identified with the provision of Community-Based Day services for two individuals reviewed. As the agency had a previous referral to Risk Management, this information will be submitted to that unit. Minor Personal Funds Management issues were identified for two of the two individuals reviewed due to lack of maintenance of receipts and late fees being incurred.
- Eldee- Day and Personal Assistance: The exit conference was conducted on May 30, 2017.
- Scored 52 Proficient on the 2017 QA Survey due to the requirement that an agency score Substantial Compliance in Domain 3 in order to be Exceptional. Scored 54 Exceptional on the 2016 Survey.
 - Domain 3 decreased from Substantial to Partial Compliance.
 - Domain 3: The Criminal Background check for the one new employee was completed per requirements; however, the State of Tennessee Registry Checks were not dated. A sanction warning occurred.
 - Domain 9: Training was completed per requirements for the one new employee and one tenured staff reviewed.
 - Domain 10: No billing issues were identified. The agency does not serve as the Representative Payee for the individual supported.

Hilltoppers- Day/Res, Medical Residential, Family Model and Personal Assistance: The exit conference was conducted on May 24, 2017.

- Scored 50 Proficient on the 2017 QA Survey. Scored 50 Proficient on the 2016 Survey.
- Domain 10 increased from Partial to Substantial Compliance.
- Domain 2 decreased from Substantial to Partial Compliance.
- Domain 5 remained Partial Compliance.
- Domain 2: A current ISP was not available at an In-Home Day site that was visited; a sanction warning occurred. Situations were identified in which the content of the Monthly Reviews was verbatim throughout the review period. When barriers to ISP implementation were present, there was no indication of agency efforts to resolve the concerns. Issues were also noted in which the Monthly Reviews were not completed in a timely manner.
- Domain 3: The Criminal Background and State of Tennessee Registry Checks were 100% compliant for the 80 new employees.
- Domain 5: For one person, the primary care physician recommended that a psychotropic medication be discontinued due to emerging blood pressure issues, pending consultation with the prescribing psychiatrist. There was no evidence that this issue was ever addressed with the psychiatrist. Concerns related to medication administration were identified, including new medications not being started in a timely manner and omissions on the Medication Administration Records (MARs).
- Domain 9: Training was 100% compliant for all modules; tenured staff training was 100% compliant for the 20 tenured employees reviewed.
- Domain 10: Billing issues were identified for one person receiving Personal Assistance services. No Personal Funds Management issues were identified for any of the four individuals reviewed.

Mid-TN- Day/Res, Nursing and Personal Assistance: The exit conference was conducted on May 31, 2017.

- Scored 54 Exceptional on the 2017 QA Survey. Scored 50 Proficient on the 2016 Survey.
- Domains 5 and 10 increased from Partial to Substantial Compliance.
- Domain 3: The Criminal Background and State of Tennessee Registry Checks were completed per requirements for the 11 new employees.
- Domain 5: With few exceptions identified, medications were administered per physician's orders.
- Domain 9: Training for new employees was 100% compliant for all modules. Tenured staff training was 85% or above for the 20 employees reviewed.
- Domain 10: Minor billing issues were identified for two individuals reviewed specific to billing for one day of Community Based Day services when In Home Day services were provided and billing for Supported Employment for one day without the documentation to support service provision. No personal funds management issues were identified for the 4 persons reviewed. Two individuals were over the maximum allowable threshold balances.

West Region:

Meritan – Residential/Day provider scored 46 of 54/Fair on the QA survey exited May 5, 2017.

- Compared to their 2016 survey results, this is a 6-point decrease in compliance (52-Exceptional Performance in 2016) related to issues identified in Domains 3 (SC-PC), 9 (SC-PC) and 10 (PC-MC).
- The agency needs to ensure:
 - Documentation accounts for all units of service authorized;
 - Safety inspections of homes where Family Model Residential services are completed per agency policy and process;
 - Inspections of vehicles used to transport people receiving Family Model Residential services are completed per agency policy;
 - Evidence of completion of staff background checks, registry checks, and training is proofread for completeness and accuracy prior to filing (a warning for personnel practices and a \$500/staff sanction for training are pending);
 - Current evidence of informed consent for psychotropic medication and ISP restrictions is maintained;
 - The self-assessment process is revised to better address at least the repeat issues identified in the survey report;
 - The quality improvement planning process is reviewed to ensure correction of issues identified during both internal and external self-assessment activities;
 - Unannounced supervisory visits attend to supervision of staff as well as observation of people supported; and
 - The agency's policies and practices regarding management of personal funds are significantly improved.
- Outcome 10A, billing, scored Substantial Compliance; no billing issues were noted.
- Outcome 10B, personal funds management, scored Noncompliance:
 - Agency was not accurately using nor monitoring food stamp and personal allowance logs for people receiving Supported Living services; did not provide adequate bank reconciliations; one person's checking account balance exceeded \$2000 for multiple months yet the person's rent was paid late at least 3 times. Four of four people reviewed are due reimbursement.

St. John's Community Services – Residential/Day provider scored 48 of 54/Proficient on the QA survey exited May 5, 2017.

- Compared to their 2016 survey results, this is a 4-point decrease in compliance (52-Exceptional in 2016) related to issues identified in Domains 2 (SC-PC) and 3 (SC-PC).
- The agency needs to ensure:
 - Documentation accounts for all units of service authorized;
 - Evidence of completion of staff background checks, registry checks, and training is proofread for completeness and accuracy prior to filing (warnings for personnel practices and training are pending); and
 - Reportable Incident Forms are fully completed and always include evidence of timely notification of all appropriate parties;
- Outcome 10A, billing, scored Minimal Compliance. Billing concerns were noted for eight of 16 people in the core survey sample primarily due to day service documentation not always supporting the provision of 6 hours. A letter of recoupment is pending.
- Outcome 10B, personal funds management, scored Partial Compliance. Some policy revisions continue to be needed. Eight of 11 people reviewed for personal funds are due reimbursement due to missing receipts, debit card monthly fees and reload fees, and late fees.

- Comforting Angels Home Care Services – Residential/Day provider scored 42 of 54/Fair on its first full QA survey that exited May 17, 2017. The agency continues to provide services only to one person at this time.
- The agency needs to ensure:
 - Documentation accounts for all units of services authorized (some notes were missing, most day notes did not support 6 hours, residential notes did not reflect the presence of a 2nd staff person at some time each day; major issue was this person is school aged and provider generally billed day services on days the person refused to attend school);
 - Periodic reviews attend to an entire month of service, ensure detection, and lead to correction of issues related to service provision;
 - Criminal background, registry checks and staff training are timely (warnings for personnel practices and staff training are pending);
 - Reportable Incident Forms (RIFs) are fully completed and always include evidence of timely notification of all appropriate parties;
 - Minutes of the Incident Review Committee (IRC) capture pertinent discussions;
 - Significant and ongoing efforts are made to educate and encourage the person supported to allow medical examinations and treatments;
 - The self-assessment process is improved to address at least the issues identified in the survey report; and
 - The quality improvement planning process ensures correction of issues identified during both internal and external self-assessment activities.
 - Outcome 10A, billing, scored Minimal Compliance. A letter of recoupment is pending.
 - Outcome 10B, personal funds management, was not applicable. The person manages her own funds with no assistance from the provider.

Personal Assistance: : Providers reviewed: East- no reviews; Middle: no reviews; West- no reviews

ISC Providers: Providers reviewed: East- no reviews; Middle: no reviews; West- no reviews.

Clinical Providers: Nursing-Behavioral-Therapies

Behavioral Providers :

Providers reviewedEast-no reviews; Middle- no reviews; West- Yvonne Randolph.

West Region:

Yvonne Randolph – Independent provider of Behavior Analysis scored 32 of 36/Proficient on the QA survey exited May 2, 2017.

- Compared to their 2016 survey results, this is a 2-point increase in compliance (30-Fair in 2016) related to improvements identified in Domain 4 (PC-SC).
- The agency needs to ensure:
 - Annual Updates, BSPs, CSMRs and CSQRs meet the clinical quality criteria included in the DIDD Behavior Services Work Product Review;
 - Arrangements for backup staff are secured in case of emergency; and
 - The self-assessment process used includes review of content and quality of items rather than noting only their presence.
- Outcome 10A, billing, scored Substantial Compliance. No billing issues were noted.

Nursing Providers: Providers reviewed: East- no reviews; Middle- no reviews; West- MALC.

West Region:

MALC – Clinical provider scored 42 of 42/Exceptional Performance on the QA survey exited May 25, 2017. Although approved by DIDD to provide Nursing, PT, OT and S/LH services, only Nursing services had been provided during the review period.

- Compared to their 2016 survey results, this is a 10-point increase in compliance (32-Fair in 2016) related to improvements identified in Domains 2 (PC-SC), 3 (PC-SC), 9 (PC-SC) and 10 (MC-SC).
- No indicator was scored “No”
- Outcome 10A, billing, scored Substantial Compliance; no billing issues were noted.

Therapy Providers:

Providers reviewed: East- Procare Home Health; Middle-Communication Therapies, Rehab Resources; West- no reviews.

East Region:

Procare Home Health Services: The 2017 QA survey resulted in the agency receiving a score of 32. This places them in the Proficient range of performance. This is the same score that the agency received in 2016.

The provider should focus efforts to ensure the following:

- A system for obtaining back-up or emergency staff is developed and implemented.
 - Protection From Harm Policies are revised to meet requirements.
 - Potential employees are screened.
 - Correct phone numbers for contacting the DIDD Division of Customer Focused Services are provided. (This is a repeat issue – indicator 3.C.9).
 - Records are appropriately maintained.
 - A quality improvement planning process is implemented to address the findings of all self-assessment activities.
 - Staff receive appropriate training.
 - A process to assess and/or address staff's support needs is developed and implemented.
-
- A Sanction letter was sent to the provider on May 30, 2017 in the amount of \$200 regarding New Hire Staff Qualifications.
 - A Sanction letter was sent to the provider on May 30, 2017 in the amount of \$400 regarding New Hire Staff Training.

Middle Region:

Communication Therapies- Speech Therapy: The exit conference was held on May 11, 2017.

- Scored 28 Fair on the QA Survey. Scored 32 Proficient on the 2016 QA Survey.
 - Domains 3 and 4 decreased from Substantial to Partial Compliance.
 - Domains 2 and 9 remained Partial Compliance.
 - Domain 2- Relevant discipline specific and/or baseline data was not adequately assessed for the three initial assessments reviewed. The Therapeutic Services Plans of Care did not consistently include goals that were functional or measurable. For three of the five individuals reviewed, therapy services were not initiated in a timely manner. Goals were frequently being abbreviated and/or were missing from the contact notes; this is a repeat issue. Revisions were being documented to the staff instructions without explanation. An individual was referred for an outpatient procedure for swallowing concerns which was denied by insurance. No follow-up was documented. The monthly review process was not effective.
 - Domain 3- The statewide criminal background check was completed timely for the one new employee; however, the State of Tennessee Registry checks were not completed. A sanction occurred.
 - Domain 4- The clinician is keeping the communication device between sessions due to a history of taking the device apart. There was no informed consent or Human Rights review for this practice.
-
- Domain 9- Individual Support Plans were not present in the record for each of the individual's reviewed. This is a repeat issue. Evidence of self-assessment activities being completed during the review period was not present. The agency director did not address all of the components that are required for the self-assessment activities. A Quality Improvement Plan did not address all required areas.
 - Domain 10- There were no billing issues identified for the 5 individuals reviewed.

Rehab Resources- Physical Therapy: The exit conference was held on May 19, 2017.

- Scored 30 Fair on the QA Survey. Scored 34 Proficient on the 2016 QA Survey.
- Domains 3 and 10 decreased from Substantial to Partial Compliance.
- Domain 2 remained Partial Compliance.
- Domain 2- The Therapeutic Services Plans of Care did not consistently include goals that were functional or measurable. Therapy services should be provided in the location most relevant to the treatment goals; this is a repeat issue. The monthly review process was not effective.
- Domain 3- The bathroom in one home is not accessible for the individual. There was no documentation that this had been addressed with the provider. There were no new staff hired during the past year.
- Domain 10- There were billing issues identified for 3 individuals reviewed due to lack of documentation of supervision. Recoupment occurred. The agency has requested a review.
- Outcome 10A, billing, scored Substantial Compliance. No billing issues were identified.

Follow-up on actions taken:

All survey findings are reported to the RQMC for review and determination of actions to be taken. RQMC recommendations are then reviewed by the SQMC for final approval.

Special Reviews:

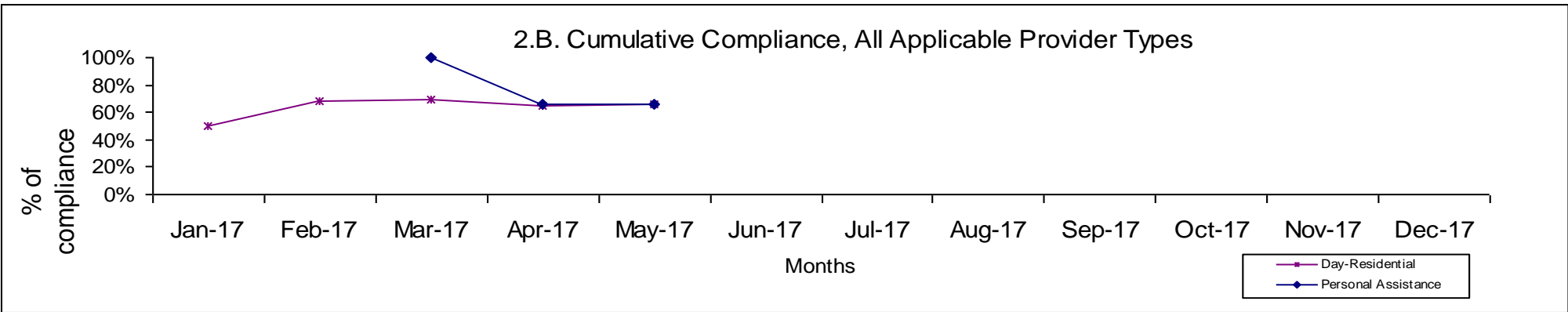
Current Month:

Domain 2, Outcome B (Services and Supports are provided according to the person's plan.)

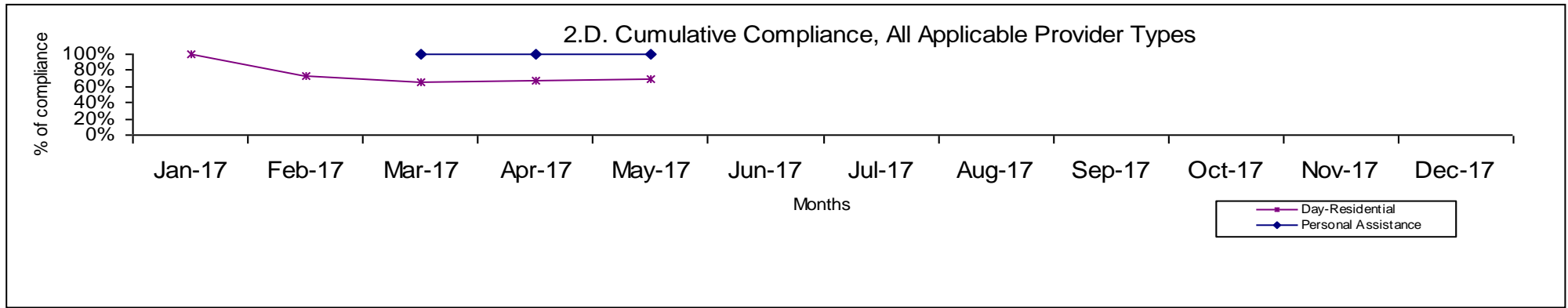
Domain 2, Outcome D (The person's plan and services are monitored for continued appropriateness and revised as needed.)

Provider Type	2.B. % of Providers in Compliance	2.D. % of Providers in Compliance
Day-Residential	69%	76%
Personal Assistance		

Cumulative Data:



Cumulative Data:

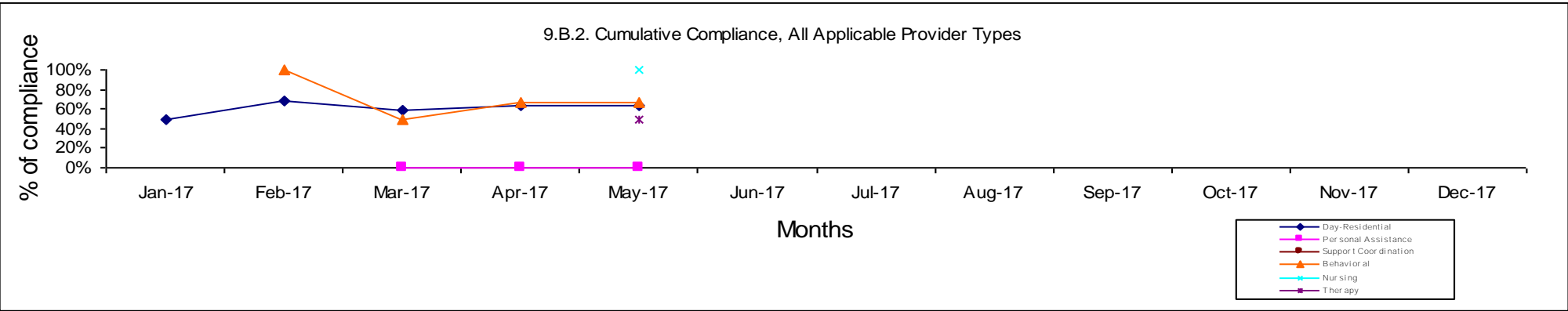


Current Month:

9.B.2. (Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.)

Provider Type	% of Providers in Compliance
Day-Residential	61%
Personal Assistance	N/A
Support Coordination	N/A
Behavioral	N/A
Nursing	100%
Therapy	50%

Cumulative Data:



F	Provider Qualifications / Monitoring (IL.H., IL.K.) Personal Funds
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Data Source:
Data collected for the personal funds information is garnered from the annual QA survey. The number of Individual Personal Funds reviewed is based on the sample size for each survey, approximately 10%.

	Personal Funds - East	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed	1	8	28	24	15							
	# of Individual Personal Funds Accounts Fully Accounted For	1	2	19	21	11							
	# of Personal Funds Accounts Found Deficient	0	6	9	3	4							
	% of Personal Funds Fully Accounted for	100%	25%	68%	88%	73%							
	% of Personal Funds Found Deficient	0%	75%	32%	13%	27%							

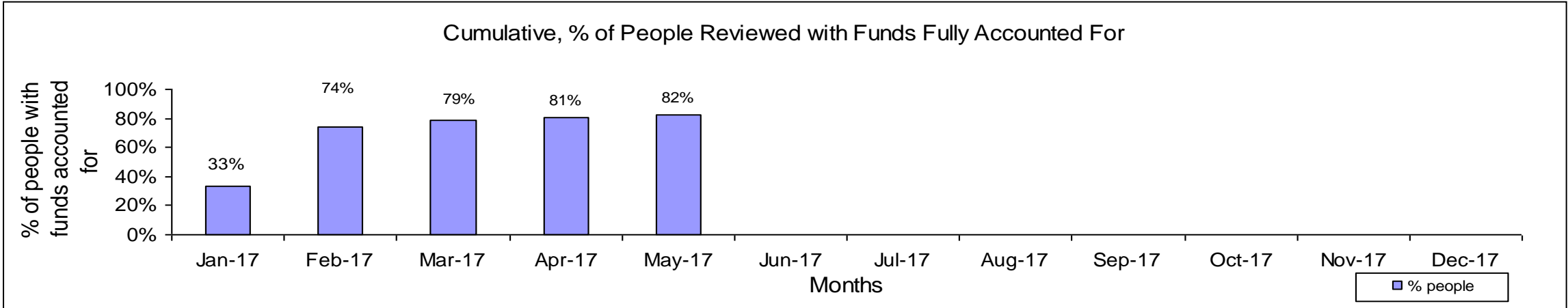
	Personal Funds - Middle	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed	4	19	18	11	17							
	# of Individual Personal Funds Accounts Fully Accounted For	0	18	18	8	17							
	# of Personal Funds Accounts Found Deficient	4	1	0	3	0							
	% of Personal Funds Fully Accounted for	0%	95%	100%	73%	100%							
	% of Personal Funds Found Deficient	100%	5%	0%	27%	0%							

	Personal Funds - West	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed	1	10	19	13	15							
	# of Individual Personal Funds Accounts Fully Accounted For	1	10	16	13	11							
	# of Personal Funds Accounts Found Deficient	0	0	3	0	4							
	% of Personal Funds Fully Accounted for	100%	100%	84%	100%	73%							
	% of Personal Funds Found Deficient	0%	0%	16%	0%	27%							

	Personal Funds - Statewide	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed	6	37	65	48	47							
	# of Individual Personal Funds Accounts Fully Accounted For	2	30	53	42	39							
	# of Personal Funds Accounts Found Deficient	4	7	12	6	8							
	% of Personal Funds Fully Accounted for	33%	81%	82%	88%	83%							
	% of Personal Funds Found Deficient	67%	19%	18%	13%	17%							

	Cumulative Funds Data	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed	6	43	108	156	203							
	# of Individual Personal Funds Accounts Fully Accounted For	2	32	85	127	166							
	# of Personal Funds Accounts Found Deficient	4	11	23	29	37							
	% Funds Accounted for, Cumulatively	33%	74%	79%	81%	82%							
	% Funds Deficient, Cumulatively	67%	26%	21%	19%	18%							

Region	% of Personal Funds Fully Accounted For
East	73%
Middle	100%
West	73%
Statewide	83%



Analysis:
The criteria used for determining if personal funds are fully accounted for is tied to compliance with all requirements in the Personal Funds Management Policy.
See references under provider summaries above.

Follow-up action taken from previous reporting periods:
The Quality Management Committee will continue to analyze data from this area to identify other ways to address concerns.